

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							81973363			
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2		/		/			52			
3	/		/				53			
4	/		/				54			
5	/	(1)		/			55			
6	/		/				56			
7		/		/			57			
8	/		/				58			
9	/		/				59			
10		2		/			60			
11		(3)					61			
12		(3)					62			
13		(3)					63			
14	/		/				64			
15		(3)					65			
16		(3)					66			
17		(3)					67			
18		(3)					68			
19	/		/				69			
20		/		/			70			
21	/		/				71			
22		(3)					72			
23		(3)					73			
24		(3)					74			
25		(3)					75			
26		(3)					76			
27		(3)					77			
28		(3)					78			
29		(3)					79			
30		(3)					80			
31		(3)					81			
32		(3)					82			
33		(3)					83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			9				TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS		33					TOTAL CLAIMS			